

**Building Department**

302 North Main Street  
Culpeper, VA 22701  
(540) 727-3405  
Fax: (540) 727-3461

**COUNTY OF CULPEPER**  
**Amendment Application**  
**(Amendment fee of \$75.00 due at submission)**

Permit Number \_\_\_\_\_ ☐ Residential ☐ Commercial

- ☐ Amendment to change approved plans ☐ Revision to submit changes per Plan Review notes.  
☐ As-Built as per instructions given by ☐ Building Official ☐ Plan Review ☐ Inspector  
☐ When applicable must provide the "On Site" approved Culpeper plans with this application.

CODE USED (code must match plans in review or approved plans)

- ☐ 2006 IBC (International Building Code-Commercial) ☐ 2006 IPC (International Plumbing Code)  
☐ 2006 IRC (International Residential Code) ☐ 2006 IMC (International Mechanical Code)  
☐ Other \_\_\_\_\_ ☐ 2005 NEC

**Describe Amendment Change** (give detailed description of changes and write legibly): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Information requested is required.

**OWNER** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City/Town State zip code

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month / Date / Year(ex.1960).

**As the owner of this property, I have assigned the following Contractor/Agent to pull this Building Permit on my behalf.**  
**Date:** \_\_\_\_\_

Signature: \_\_\_\_\_

Representative/Agent Name \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Site Address:** \_\_\_\_\_

**Directions:** \_\_\_\_\_

\_\_\_\_\_

Information requested is required.

**CONTRACTOR** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City/Town State zip code

Business Phone: \_\_\_\_\_

License No. \_\_\_\_\_ Class \_\_\_\_\_ Expiration \_\_\_\_\_

Completed by intake Permit Technician

☐ Contractor License verified \_\_\_\_\_

Original Contract Amount \$ \_\_\_\_\_

**Square Footage of Amendment:** \_\_\_\_\_

**If applicable , #of Devices/Heads, etc.** \_\_\_\_\_

**CONTACT PERSON** \_\_\_\_\_

Person to answer Plan Review Questions & Permit Pick UP

**CONTACT DAY PHONE:** \_\_\_\_\_

**CONTACT CELL PHONE:** \_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_  
Signature of Contractor/Agent

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**FEE SCHEDULE ON BACK**

All permits subject to a 2.0% State surcharge effective July 1, 2009.  
Building Official reserves the right to assign fees not shown.

**Fee Schedule**  
**(Residential and Commercial)**

REVIEWED: ☐ Building ☐ Mechanical ☐ Electrical ☐ Plumbing ☐ \_\_\_\_\_

Plan Review measurements were as follows: ☐ per square feet ☐ per device/head

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<b>Amendment Fee</b> (Due @ time of submission)	\$ <u>75.00</u>
<b>Additional Fee</b> <i>Based on type of Permit*</i>	\$ _____
<b>2.0% Levy per USBC</b>	\$ _____
<b>Total Permit Fee</b>	\$ _____

**RESIDENTIAL & COMMERCIAL AMENDMENT FEE**

**Amendment Fees**.....\$75.00

**Additional Fees** square footage, fire protection devices, etc. will be calculated according to the applicable Permit Fee Schedule.

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\*Please refer to the appropriate Fee Schedule; Residential vs. Commercial / Elec /Mech /Plum, etc..